

Client Services Certification Process – Scenario #01B

System Name:	Client Services	Certification Scenario #:	01B
Contract Provider Name:		Legal Entity #:	
Contact Name:		Phone #:	
Email Address:			
Test Scenario Name:	Search-AdmitNew-Create-Get-Update-Get for 24 Hour Admissions	# of Steps to be Completed:	23

Purpose of Scenario: To demonstrate the ability to search for a non-existing IBHIS client record using the *SearchClient* operation; then create a new client using the *AdmitNewClient* operation. TPs are then asked to submit various information pertinent to the Client by using relevant ‘Create’ operations; verifying the submitted information via ‘Get’ operations; subsequently updating information through ‘Update’ operations and finally confirming updates through the ‘Get’ operations.

Instructions:

- Please come up with a unique name (e.g. Broken Chair or Jumbo Shrimp) as you search and create the Client record. This will increase the likelihood that your client will not already exist in IBHIS.
- Trading Partners (TPs) are required to Submit the values specified in this script unless otherwise noted.
- All items in **Red** font must be provided and documented in this script by Trading Partners.
- For Data elements that do not pertain to your agency/, delete the value in the input column and state ‘Left Blank’. For example: If your agency doesn’t use ‘County School’ data element and the script is asking to input a value, delete the value and state ‘Left Blank’.
- If operations do not apply to your agency/ (for example ‘Pregnancy’ related operations), then state it in the script next to the operation name.
- **This script is intended for Trading Partners which provide 24 Hour Admission services.** When submitting web service requests, the <Admission24Hour> node must exist in your submission.
- **If your agency does not claim Medicare service, skip steps 11 thru 15 and document in the script.**

Step # 1:

Operation: *SearchClient*

Scenario: Searching for a client that does not exist in IBHIS.

Input Data for Operation (To Be Completed by the LEs)	Discrepancy Between Input Data and Avatar (DMH Use Only)	Pass/Fail (DMH Use Only)
Client ID: Leave blank		
Client First Name: (Enter the Client First Name) _____		
Client Last Name: (Enter the Client Last Name) _____		
Date of Birth: 1985-10-15		
Social Security Number: Leave blank		
Medical Policy Number: Leave blank		
Gender: F		
Alias: Leave blank		

(Expected Result)

Operation: *SearchClient*

Output: <ErrorCode>0005</ErrorCode>

<ErrorDescription>The matching record is not found with the criteria you are looking for. source: Avatar</ErrorDescription>

Note: When the Client searched does not exist, results will not be returned in the output. Instead the requester will receive a ‘Matching Record Not Found’ error noted above-

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Step # 2:		
Operation: <i>AdmitNewClient</i>		
Scenario: Admitting a new client for '24-Hour' Program of Admission to IBHIS.		
Input Data for Operation (To Be Completed by the LEs)	Discrepancy Between Input Data and Avatar (DMH Use Only)	Pass/Fail (DMH Use Only)
Client Prefix: Ms		
Client First Name: (Enter the Client First Name)		
Client Middle Initial: A		
Client Last Name: (Enter the Client Last Name)		
Client Suffix: IV		
Alias: (leave blank)		
Email: any@nowhere.com		
Gender: F		
Date of Birth: 1985-10-15		
Social Security Number: 123129876		
Marital Status: Single		
Primary Language: English		
Education: AA		
Employment Status: CW		
Client Other Race: (leave blank)		
Ethnicity: (leave blank)		
Smoking Assessment: (leave blank)		
Smoking Assessment Date: (leave blank)		
Living Arrangements: 1		
Client's Home Phone: 5625551212		
Street Address 1: 123 Some Place Lane		
Street Address 2: Suite 10		
ZIP Code: 90005-0000		
Admission Date: 2014-03-01		
Admission Time: 11:55AM		
Type of Admission: Elective		
Admitting Staff NPI: (Enter the Practitioner NPI)		
Program Of Admission: Enter your Program of Admission code for '24 Hour Admission'		
Source Of Admission: TrnsFromHospital		
<p>(Items in Red Font To Be Completed by the LEs)</p> <p>Operation: <i>AdmitNewClient</i></p> <p>IBHIS Acknowledgement: "Client Admission web service has been filed successfully."</p> <p>IBHIS Client ID:</p> <p>IBHIS Episode ID: 1</p> <p>IBHIS Client Prefix: Ms</p> <p>IBHIS Client First Name:</p> <p>IBHIS Client Middle Initial: A</p> <p>IBHIS Client Last Name:</p> <p>IBHIS Client Suffix: IV</p>		

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Step # 3: Operation: <i>CreateClientCSI</i> Scenario: Creating CSI information for a new '24-Hour' Program of Admission Client in IBHIS.		
Input Data for Operation <i>(To Be Completed by the LEs)</i>	Discrepancy Between Input Data and Avatar <i>(DMH Use Only)</i>	Pass/Fail <i>(DMH Use Only)</i>
Client ID: (Enter the Client ID returned in Step #2)		
Episode ID: 1		
Program Of Admission: <i>Enter your Program of Admission code for '24 Hour Admission'</i>		
Birth First Name: (Enter Birth First Name)		
Birth Last Name: (Enter Birth Last Name)		
Birth Middle Name: (Enter Birth Middle Name)		
Mothers First Name: (Enter Mothers First Name)		
Fiscally Responsible County for Client: LosAngeles		
Place of Birth County: (Leave blank)		
Place of Birth State: CA		
Place of Birth Country: US		
Admission Necessity Code: UnknownNotReported		
Conservatorship/Court Status: UnknownNotReported		
Special Population: NoSpecPop		
Legal Class: UnknownNotReported		
County School: (Leave blank)		
Number of Dependents Less than 18 Year Old: 0		
Number of Dependents Over 18 Year Old: 0		
Preferred Language: Q		
CSI Ethnicity: N		
CSI Race: 1		
(Items in Red Font To Be Completed by the LEs) Operation: <i>CreateClientCSI</i> IBHIS Acknowledgement: "CSI Admission web service has been filed successfully." IBHIS Client ID: IBHIS EpisodeID: 1		

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Step # 4:			
Operation: <i>GetClientDetails</i>			
Scenario: Retrieving Client Demographics and CSI information from IBHIS.			
Input Data Element	Values Entered in the Input		
Client ID:	(Enter the Client ID returned in Step #2)		
Output Data Element	Expected Values	Enter any Discrepancy	Comment for Discrepancy (DMH Use Only)
Client ID:	Client ID returned in Step #2		
Client Prefix:	MS		
Client First Name:	Client First Name entered in Step #2		
Client Middle Initial:	A		
Client Last Name:	Client First Name entered in Step #2		
Client Suffix:	IV		
Email:	any@nowhere.com		
Gender:	F		
Date of Birth:	1985-10-15		
Social Security Number:	123129876		
Marital Status:	Single		
Primary Language:	English		
Education:	AA		
Employment Status:	CW		
StreetAddress1:	123 Some Place Lane		
StreetAddress2:	Suite 10		
City:	LOS ANGELES		
State:	CA		
ZipCode:	90005-0000		
ClientsHomePhone:	5625551212		
Birth First Name:	Birth First Name entered in Step #3		
Birth Last Name:	Birth Last Name entered in Step #3		
Birth Middle Name:	Birth Middle Name entered in Step #3		
Mothers First Name:	Mothers First Name entered in Step #3		
Fiscally Responsible County For Client:	LosAngeles		
Place of Birth State:	CA		
Place of Birth Country:	US		
Preferred Language:	Q		
Admission Necessity Code:	UnknownNotReported		
Conservatorship / Court Status:	UnknownNotReported		
Special Population:	NoSpecPop		
Legal Class:	UnknownNotReported		
Number of Dependents Less than 18YO:	0		
Number of Dependents Over 18YO:	0		
CSI Ethnicity:	N		
CSI Race 1:	1		

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Step # 5:		
Operation: <i>UpdateClientDetails</i>		
Scenario: Updating a Client's Demographics and CSI information for '24 Hour Admission'		
Input Data for Operation (Update the Client's record with the values defined below in blue.)	Discrepancy Between Input Data and Avatar (DMH Use Only)	Pass/Fail (DMH Use Only)
Client ID: (Enter the Client ID returned in Step #2)		
Episode ID: 1		
Client Prefix: Mrs		
Client First Name: (Update the Client First Name entered in Step #2 by entering a different name)		
Client Middle Initial: M		
Client Last Name: (Update the Client Last Name entered in Step #2 by entering a different name)		
Client Suffix: III		
Alias: Butterfly		
Email: Any@nowhere.com		
Gender: F		
Date of Birth: 1985-01-15		
Social Security Number: 123129899		
Marital Status: Married		
Primary Language: English		
Education: BA		
Employment Status: FC		
Client Other Race: UnknownNotReported		
Ethnicity: UnknownNotReported		
Program Of Admission: Enter your Program of Admission code for '24 Hour Admission'		
Smoking Assessment: NeverSmoked		
Smoking Assessment Date: 2014-03-02		
Clients Home Phone: 5625552121		
Street Address 1: 1234 Some Place Ave		
Street Address 2: Suite 1		
ZIP Code: 90005-4545		
Birth First Name: (Update Birth First Name entered in Step #3 by entering a different name)		
Birth Last Name: (Update Birth Last Name entered in Step #3 by entering a different name)		
Birth Middle Name: (Update Birth Middle Name entered in Step #3 by entering a different name)		
Mothers First Name: (Update Mothers First Name entered in Step #3 by entering a different name)		
Fiscally Responsible County for Client: Orange		

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Step # 5: CONTINUED...		
Place of Birth County: 19		
Place of Birth State: CA		
Place of Birth Country: US		
Admission Necessity Code: PlannedPriorAuth		
Conservatorship/Court Status: LPS		
Special Population: NoSpecPop		
Legal Class: Voluntary		
County School: 30056		
Number of Dependents Less than 18 Year Old: 1		
Number of Dependents Over 18 Year Old: 3		
Preferred Language: 7		
CSI Ethnicity: U		
CSI Race 1: 3		
CSI Race 2: 5		
<p><i>(Items in Red Font To Be Completed by the LEs)</i></p> <p>Operation: UpdateClientDetails</p> <p>IBHIS Acknowledgement: "Client Demographics web service has been filed successfully."</p> <p>IBHIS Client ID:</p> <p>IBHIS Client First Name:</p> <p>IBHIS Client Last Name:</p> <p>IBHIS Client Middle Initial: M</p> <p>IBHIS Client Prefix: Mrs</p> <p>IBHIS Client Suffix: III</p>		

Step # 6:			
Operation: GetClientDetails			
Scenario: Verifying updates by retrieving client Demographics and CSI information for '24 Hour Admission'			
Input Data Element	Values Entered in the Input		
Client ID:	(Enter the Client ID returned in Step #2)		
Output Data Element	Expected Values	Enter any Discrepancy	Comment for Discrepancy (DMH Use Only)
Client ID:	Client ID returned in Step #2		
Client Prefix:	MRS		
Client First Name:	Client First Name entered in Step #5		
Client Middle Initial:	M		
Client Last Name:	Client First Name entered in Step #5		
Client Suffix:	III		
Alias:	Butterfly		
Email:	Any@nowhere.com		
Gender:	F		
Date of Birth:	1985-01-15		
Social Security Number:	123129899		
Marital Status:	Married		
Primary Language:	English		
Education:	BA		
Employment Status:	FC		
Client Other Race:	UnknownNotReported		
Ethnicity:	UnknownNotReported		

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Step # 6: CONTINUED...			
Output Data Element	Expected Values	Enter any Discrepancy	Comment for Discrepancy (DMH Use Only)
Smoking Assessment:	NeverSmoked		
Smoking Assessment Date:	2014-03-02		
StreetAddress1:	1234 Some Place Ave		
StreetAddress2:	Suite 1		
City:	LOS ANGELES		
State:	CA		
ZipCode:	90005-4545		
Clients Home Phone:	5625552121		
Birth First Name:	Birth First Name entered in Step #5		
Birth Last Name:	Birth Last Name entered in Step #5		
Birth Middle Name:	Birth Middle Name entered in Step #5		
Mothers First Name:	Mothers First Name entered in Step #5		
Fiscally Responsible County For Client:	Orange		
Place of Birth County:	19		
Place of Birth State:	CA		
Place of Birth Country:	US		
Preferred Language:	7		
Admission Necessity Code:	PlannedPriorAuth		
Conservatorship / Court Status:	LPS		
Special Population:	NoSpecPop		
Legal Class:	Voluntary		
County School:	30056		
Number of Dependents Less than 18YO:	1		
Number of Dependents Over 18YO:	3		
CSI Ethnicity:	U		
CSI Race 1:	3		
CSI Race 2:	5		

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Step # 7: Operation: <i>CreateClientFinEligibility</i> Scenario: Creating Financial Eligibility for a client with MediCal as the primary guarantor and LA County as the secondary guarantor.		
Input Data for Operation (To Be Completed by the LEs)	Discrepancy Between Input Data and Avatar (DMH Use Only)	Pass/Fail (DMH Use Only)
Client ID: (Enter the Client ID returned in Step #2) _____		
Episode ID: 1		
Program Of Admission: <i>Enter your Program of Admission code for '24 Hour Admission'</i>		
Guarantor 1		
Coverage Effective Date: 2014-01-01		
Subscriber Address: 1234 Some Place Ave		
Subscriber Address2: Suite 1		
Subscriber Zip: 90005-4545		
Subscriber Date of Birth: 1985-01-15		
Subscriber Policy Number: 95533888C		
Subscriber Assignment of Benefits: Yes		
Subscriber Release of Information: YesPrvdrHasSigndStmntPrmtRels		
Coordination of Benefits: Yes		
Subscriber Gender: F		
Subscriber Social Security Number: 123129899		
Subscriber First Name: (Enter the Client First Name entered in Step #5) _____		
Subscriber Last Name: (Enter the Client Last Name entered in Step #5) _____		
Guarantor Order: 1		
Guarantor: MediCalGuarantor		
ClientsRelationshipToSubscriber: Self		
SubscriberClientIndexNumber: 95533888C		
Guarantor Name: Medi-Cal		
Guarantor 2		
Coverage Effective Date: 2014-01-01		
Subscriber Address: 1234 Some Place Ave		
Subscriber Address2: Suite 1		
Subscriber Zip: 90005-4545		
Subscriber Date of Birth: 1985-01-15		
Subscriber Policy Number: 123129899		
Subscriber Assignment of Benefits: Yes		
Subscriber Release of Information: YesPrvdrHasSigndStmntPrmtRels		
Coordination of Benefits: Yes		
Subscriber Gender: F		
Subscriber Social Security Number: 123129899		
Subscriber First Name: (Enter the Client First Name entered in Step #5) _____		
Subscriber Last Name: (Enter the Client Last Name entered in Step #5) _____		

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Step # 7: CONTINUED...		
Input Data for Operation (To Be Completed by the LEs)	Discrepancy Between Input Data and Avatar (DMH Use Only)	Pass/Fail (DMH Use Only)
Guarantor Order: 2		
Guarantor: NonMediCalGuarantor		
ClientsRelationshipToSubscriber: Self		
Guarantor Name: LA County		
(Items in Red Font To Be Completed by the LEs) Operation: CreateClientFinEligibility IBHIS Acknowledgement: "Financial Eligibility web service has been filed successfully." IBHIS Client ID: IBHIS Episode ID: 1		

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Step # 8:			
Operation: <i>GetClientFinEligibility</i>			
Scenario: Retrieving a Client's Financial Eligibility information			
Input Data Element	Value to be entered		
Client ID:	(Enter the Client ID returned in Step # 2)		
Episode ID:	1		
Output Data Element	Expected Values	Enter any Discrepancy	Comment for Discrepancy (DMH Use Only)
Client ID:	Client ID returned in Step # 2		
Episode ID:	1		
Guarantor-2			
Coverage Effective Date:	2014-01-01		
Subscriber First Name:	Name entered in Step # 7		
Subscriber Last Name:	Name entered in Step # 7		
Subscriber Address:	1234 Some Place Ave		
Subscriber Address 2:	Suite 1		
Subscriber Zip:	90005-4545		
Subscriber City:	LOS ANGELES		
Subscriber State:	CA		
Subscriber Date of Birth:	1985-01-15		
Subscriber Policy Number:	123129899		
Subscriber Client Index Number:	99999999C		
Subscriber Assignment of Benefits:	Yes		
Subscriber Release of Information:	YesPrvdrHasSigndStmntPrmtRels		
Coordination of Benefits:	Yes		
Subscriber Social Security Number:	123129899		
Subscriber Gender:	F		
Guarantor Name:	LA County		
Guarantor Order:	2		
Clients Relationship To Subscriber:	Self		
Guarantor-1			
Coverage Effective Date:	2014-01-01		
Subscriber First Name:	Name entered in Step # 7		
Subscriber Last Name:	Name entered in Step # 7		
Subscriber Address:	1234 Some Place Ave		
Subscriber Address 2:	Suite 1		
Subscriber Zip:	90005-4545		
Subscriber City:	LOS ANGELES		
Subscriber State:	CA		
Subscriber Date of Birth:	1985-01-15		
Subscriber Policy Number:	95533888C		
Subscriber Client Index Number:	95533888C		
Subscriber Assignment of Benefits:	Yes		
Subscriber Release of Information:	YesPrvdrHasSigndStmntPrmtRels		
Coordination of Benefits:	Yes		
Subscriber Social Security Number:	123129899		
Subscriber Gender:	F		
Guarantor Name:	Medi-Cal		
Guarantor Order:	1		
Clients Relationship To Subscriber:	Self		

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Step # 9:

Operation: *UpdateClientFinEligibility*

Scenario Modifying an existing Client's Financial Eligibility. The Client has a new benefit address (Subscriber Address). Please update the Financial Eligibility to reflect the new address information. Note the existing Guarantor setup/order should remain 'MediCal' as primary and- 'LA County' as the secondary. Note: LA County guarantor should always be the last guarantor in the guarantor order..

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Subscriber Last Name: (Enter the Client Last Name entered in Step #5)		
Guarantor Order: 1		
Step # 9: CONTINUED...		
Input Data for Operation (To Be Completed by the LEs)	Discrepancy Between Input Data and Avatar (DMH Use Only)	Pass/Fail (DMH Use Only)
Guarantor: MediCalGuarantor		
ClientsRelationshipToSubscriber: Self		
Subscriber Client Index Number: Leave Blank		
Guarantor Name: Medi-Cal		
Guarantor 2		
Coverage Effective Date: Leave Blank		
Subscriber Address: Leave Blank		
Subscriber Address2: Leave Blank		
Subscriber Zip: Leave Blank		
Subscriber Date of Birth: Leave Blank		
Subscriber Policy Number: Leave Blank		
Subscriber Assignment of Benefits: Leave Blank		
Subscriber Release of Information: Leave Blank		
Coordination of Benefits: Leave Blank		
Subscriber Gender: Leave Blank		
Subscriber Social Security Number: Leave Blank		
Subscriber First Name: (Enter the Client First Name entered in Step #5)		
Subscriber Last Name: (Enter the Client Last Name entered in Step #5)		
Guarantor Order: 2		
Guarantor: NonMediCalGuarantor		
ClientsRelationshipToSubscriber: Self		
Guarantor Name: LA County		
(Items in Red Font To Be Completed by the LEs) Operation: UpdateClientFinEligibility IBHIS Acknowledgement: "Financial Eligibility web service has been filed successfully." IBHIS Client ID: IBHIS Episode ID: 1		

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Step # 10:			
Operation: GetClientFinEligibility			
Scenario: RetrievingFinancial Eligibility to verify updates for'24-Hour Admission'			
Input Data Element	Value to be entered		
Client ID:	(Enter the Client ID returned in Step # 2)		
Episode ID:	1		
Program Of Admission:	Enter your Program of Admission code for '24 Hour Admission'		
Output Data Element	Expected Values	Enter any Discrepancy	Comment for Discrepancy (DMH Use Only)
Client ID:	Client ID returned in Step # 2		
Episode ID:	1		
Guarantor-1			
Coverage Effective Date:	2014-01-01		
Subscriber First Name:	Name entered in Step # 9		
Subscriber Last Name:	Name entered in Step # 9		
Subscriber Address:	1234 Main Street		
Subscriber Address 2:	Suite 2		
Subscriber Zip:	90005-4545		
Subscriber City:	LOS ANGELES		
Subscriber State:	CA		
Subscriber Date of Birth:	1985-01-15		
Subscriber Policy Number:	123129899		
Subscriber Client Index Number:	99999999C		
Subscriber Assignment of Benefits:	Yes		
Subscriber Release of Information:	YesPrvdrHasSigndStmntPrmtRels		
Coordination of Benefits:	Yes		
Subscriber Social Security Number:	123129899		
Subscriber Gender:	F		

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Step # 10: CONTINUED...			
Output Data Element	Expected Values	Enter any Discrepancy	Comment for Discrepancy (DMH Use Only)
<i>Guarantor Name:</i>	LA County		
<i>Guarantor Order:</i>	3		
<i>Clients Relationship To Subscriber:</i>	Self		
Guarantor-2			
<i>Coverage Effective Date:</i>	2014-01-01		
<i>Subscriber First Name:</i>	Name entered in Step # 9		
<i>Subscriber Last Name:</i>	Name entered in Step # 9		
<i>Subscriber Address:</i>	1234 Some Place Ave		
<i>Subscriber Address 2:</i>	Suite 1		
<i>Subscriber Zip:</i>	90005-4545		
<i>Subscriber City:</i>	LOS ANGELES		
<i>Subscriber State:</i>	CA		
<i>Subscriber Date of Birth:</i>	1985-01-15		
<i>Subscriber Policy Number:</i>	95533888C		
<i>Subscriber Client Index Number:</i>	95533888C		
<i>Subscriber Assignment of Benefits:</i>	Yes		
<i>Subscriber Release of Information:</i>	YesPrvdrHasSigndStmntPrmtRels		
<i>Coordination of Benefits:</i>	Yes		
<i>Subscriber Social Security Number:</i>	123129899		
<i>Subscriber Gender:</i>	F		
<i>Guarantor Name:</i>	Medi-Cal		
<i>Guarantor Order:</i>	2		
<i>Clients Relationship To Subscriber:</i>	Self		

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Step # 11 :

Operation: *UpdateClientFinEligibility*

Scenario: Modifying an existing Client's Financial Eligibility. The client gains MediCare coverage. Please update the existing Financial Eligibility in order to add the MediCare as the primary guarantor.

Note: The existing Guarantors should remain intact, ‘MediCal’ should become the secondary and- ‘LA County’ the tertiary guarantors. **LA County guarantor should always be the last guarantor in the guarantor order.**

This scenario only applies to Trading Partners which render services to Medicare clients.

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Step # 11: CONTINUED...		
Note: This scenario only applies to Trading Partners which render services to Medicare clients.		
Guarantor 2		
Coverage Effective Date: Leave Blank		
Subscriber Address: Leave Blank		
Subscriber Address2: Leave Blank		
Subscriber Zip: Leave Blank		
Subscriber Date of Birth: Leave Blank		
Subscriber Policy Number: Leave Blank		
Subscriber Assignment of Benefits: Leave Blank		
Subscriber Release of Information: Leave Blank		
Coordination of Benefits: Leave Blank		
Subscriber Gender: Leave Blank		
Subscriber Social Security Number: Leave Blank		
Subscriber First Name: (Enter the Client First Name entered in Step #5)		
Subscriber Last Name: (Enter the Client Last Name entered in Step #5)		
Guarantor Order: 2		
Guarantor: MediCalGuarantor		
ClientsRelationshipToSubscriber: Self		
Subscriber Client Index Number: Leave Blank		
Guarantor Name: Medi-Cal		
Guarantor 3		
Coverage Effective Date: Leave Blank		
Subscriber Address: Leave Blank		
Subscriber Address2: Leave Blank		
Subscriber Zip: Leave Blank		
Subscriber Date of Birth: Leave Blank		
Subscriber Policy Number: Leave Blank		
Subscriber Assignment of Benefits: Leave Blank		
Subscriber Release of Information: Leave Blank		
Coordination of Benefits: Leave Blank		
Subscriber Gender: Leave Blank		
Subscriber Social Security Number: Leave Blank		
Subscriber First Name: (Enter the Client First Name entered in Step #5)		
Subscriber Last Name: (Enter the Client Last Name entered in Step #5)		
Guarantor Order: 3		
Guarantor: NonMediCalGuarantor		
ClientsRelationshipToSubscriber: Self		
Guarantor Name: LA County		
(Items in Red Font To Be Completed by the LEs)		
Operation: UpdateClientFinEligibility		
IBHIS Acknowledgement: "Financial Eligibility web service has been filed successfully."		

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IBHIS Client ID:
IBHIS Episode ID: 1

Step # 12:

Operation: *UpdateClientGuarantorPlanDetails*

Scenario: When creating or updating a financial eligibility, IBHIS creates default guarantor plan levels. The initial plan level start date is a default of 2000-01-01. As clients lose third party benefits, plan levels must be end dated in IBHIS to reflect loss of coverage. In this step Trading Partners will end Medicare coverage by establishing a level end date. Please update the default plan level to reflect a Benefit Level End Date of 03/31/2014.

Note: This scenario only applies to Trading Partners which render services to Medicare clients.

Input Data for Operation (To Be Completed by the LEs)	Discrepancy Between Input Data and Avatar (DMH Use Only)	Pass/Fail (DMH Use Only)
<i>Client ID:</i> (Enter the Client ID returned in Step #2)		
<i>Episode ID:</i> 1		
<i>Program Of Admission:</i> Enter your Program of Admission code for '24 Hour Admission'		
<i>Guarantor Name:</i> Medicare		
<i>Guarantor Benefit Level End Date:</i> 2014-03-31		
<i>PlanUniqueLevelNumber:</i> 2		

(Items in Red Font To Be Completed by the LEs)

Operation: *UpdateClientGuarantorPlanDetails*

IBHIS Acknowledgement: "Customize Plan Details web service has been filed successfully."

IBHIS Client ID:
IBHIS Episode ID: 1

IBHIS Guarantor Name: Medicare
IBHIS PlanUniqueLevelNumber: 1
IBHIS Guarantor Benefit Level Start Date: 2000-01-01
IBHIS Guarantor Benefit Level End Date: 2014-03-31

IBHIS Guarantor Name: Medi-Cal
IBHIS PlanUniqueLevelNumber: 1
IBHIS Guarantor Benefit Level Start Date: 2000-01-01

IBHIS Guarantor Name: LA County
IBHIS Plan Unique Level Number: 1
IBHIS Guarantor Benefit Level Start Date: 2000-01-01

Step # 13:

Operation: *GetClientGuarantorPlanDetails*

Scenario: Retrieving updated guarantor plan detail submissions.

Input Data Element	Value to be entered		
<i>Client ID:</i>	(Enter the Client ID returned in Step # 2)		
<i>Episode ID:</i>	1		
<i>Program Of Admission:</i> Enter your			

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<i>Program of Admission code for '24 Hour Admission'</i>			
Guarantor Name:	Medicare		
Output Data Element	Expected Values	Enter any Discrepancy	Comment for Discrepancy (DMH Use Only)
Client ID:	<i>Client ID returned in Step # 2</i>		
Step # 15: CONTINUED...			
Note: This scenario only applies to Trading Partners which render services to Medicare clients.			
Episode ID:	1		
Guarantor Name:	Medicare		
Plan Unique Level Number:	1		
Guarantor Benefit Level Start Date:	2000-01-01		
Guarantor Benefit Level End Date:	2014-03-31		

Step # 14:

Operation: *CreateClientGuarantorPlanDetails*

Scenario: Creating new guarantor plan levels will establish new coverage periods for third party benefits. In the prior step the client loses MediCare coverage. Trading Partners established a coverage period end date by establishing a level end date. In order for a client to re-establish coverage in IBHIS, Trading Partners must submit a guarantor plan entry to establish a new level start date. Please create a level start date with the date client regained coverage.

Note: This scenario only applies to Trading Partners which render services to Medicare clients.

Input Data for Operation (To Be Completed by the LEs)	Discrepancy Between Input Data and Avatar (DMH Use Only)	Pass/Fail (DMH Use Only)
Client ID: (Enter the Client ID returned in Step #2)		
Episode ID: 1		
Program Of Admission: <i>Enter your Program of Admission code for '24 Hour Admission'</i>		
Guarantor Name: Medicare		
Guarantor Benefit Level End Date: (leave blank)		
Guarantor Benefit Level Start Date: 2014-06-01		

(Items in Red Font To Be Completed by the LEs)

Operation: *CreateClientGuarantorPlanDetails*

IBHIS Acknowledgement: "Customize Plan Details web service has been filed successfully."

IBHIS Client ID:

IBHIS Episode ID: 1

IBHIS Guarantor Name: Medicare

IBHIS PlanUniqueLevelNumber: 1

IBHIS Guarantor Benefit Level Start Date: 2000-01-01

IBHIS Guarantor Benefit Level End Date: 2014-03-31

IBHIS Plan Unique Level Number: 2

IBHIS Guarantor Benefit Level Start Date: 2014-06-01

IBHIS Guarantor Name: Medi-Cal

IBHIS PlanUniqueLevelNumber: 1

IBHIS Guarantor Benefit Level Start Date: 2000-01-01

IBHIS Guarantor Name: LA County

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IBHIS Plan Unique Level Number: 1
IBHIS Guarantor Benefit Level Start Date: 2000-01-01

Step # 15:

Operation: *GetClientGuarantorPlanDetails*

Scenario: Retrieving updated guarantor plan detail submissions.

Note: This scenario only applies to Trading Partners which render services to Medicare clients.

Input Data Element	Value to be entered		
<i>Client ID:</i>	(Enter the Client ID returned in Step # 2)		
<i>Episode ID:</i>	1		
<i>Guarantor Name:</i>	Medicare		
Output Data Element	Expected Values	Enter any Discrepancy	Comment for Discrepancy (DMH Use Only)
<i>Client ID:</i>	Client ID returned in Step # 2		
<i>Episode ID:</i>	1		
<i>Guarantor Name:</i>	Medicare		
<i>Plan Unique Level Number:</i>	1		
<i>Guarantor Benefit Level Start Date:</i>	2000-01-01		
Step # 13: CONTINUED...			
Note: This scenario only applies to Trading Partners which render services to Medicare clients.			
<i>Plan Unique Level Number:</i>	2		
<i>Guarantor Benefit Level Start Date:</i>	2014-06-01		

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Step # 16:		
Operation: <i>CreateClientDiagnosis</i>		
Scenario: Creating a diagnosis record for the client in IBHIS. The submission must contain one Primary, one Secondary and one Tertiary diagnosis for 24 Hour Admission		
Input Data for Operation (To Be Completed by the LEs)	Discrepancy Between Input Data and Avatar (DMH Use Only)	Pass/Fail (DMH Use Only)
Client ID: (Enter the Client ID returned in Step #2)		
Episode ID: 1		
Program Of Admission: Enter your Program of Admission code for '24 Hour Admission'		
Date of Diagnosis: 2014-03-01		
Type of Diagnosis: Admission		
Trauma: Unknown		
General Medical Condition Summary Code: UnknownNotReported		
Substance Abuse / Dependence: Yes		
Substance Abuse / Dependence Diagnosis: F10.120		
Primary Diagnosis:		
Diagnosing Staff NPI: _____		
Diagnosis Billing Order: 1		
Status: Active		
Diagnosis Ranking: DiagnosisRankingPrimaryType		
Ranking: Primary		
ICD10Code: F03.91		
Secondary Diagnosis:		
Diagnosing Staff NPI: _____		
Diagnosis Billing Order: 2		
Status: Active		
Diagnosis Ranking: DiagnosisRankingNonPrimaryType		
Ranking: Secondary		
ICD10Code: F01.50		
Tertiary Diagnosis:		
Diagnosing Staff NPI: _____		
Diagnosis Billing Order: 3		
Status: Working		
Diagnosis Ranking: DiagnosisRankingNonPrimaryType		
Ranking: Tertiary		
ICD10Code: Z91.49		
(Items in Red Font To Be Completed by the LEs)		
Operation: <i>CreateClientDiagnosis</i>		
IBHIS Acknowledgement: "Client Diagnosis web service has been filed successfully."		
IBHIS Client ID:		
IBHIS DiagnosisUniqueID:		
IBHIS DiagnosisCodeEntryRowID:		
IBHIS DiagnosisRanking: Primary		
IBHIS ICD10Code: F03.91		
IBHIS DiagnosisStatus: Active		
IBHIS DiagnosisCodeEntryRowID:		
IBHIS DiagnosisRanking: Secondary		
IBHIS ICD10Code: F01.50		
IBHIS DiagnosisStatus: Active		
IBHIS DiagnosisCodeEntryRowID:		
IBHIS DiagnosisRanking: Tertiary		

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IBHIS ICD10Code: Z91.49
IBHIS DiagnosisStatus: Working

Step # 17:

Operation: *GetClientDiagnosis*

Scenario: Retrieving detailed diagnosis information.

Input Data Element	Value to be entered		
<i>Client ID:</i>	(Enter the Client ID returned in Step # 2)		
<i>Episode ID:</i>	1		
<i>Program Of Admission:</i>	Enter your Program of Admission code for '24 Hour Admission'		
Output Data Element	Expected Values	Enter any Discrepancy	Comment for Discrepancy (DMH Use Only)
<i>Client ID:</i>	Client ID entered in Step #2		
<i>Episode ID:</i>	1		
<i>Episode Program ID:</i>	Contract Provider's Program ID		
<i>Diagnosis Unique ID:</i>	This should be the same value returned in the output of <i>CreateClientDiagnosis</i>		
<i>Date of Diagnosis:</i>	2014-03-01		
<i>Type of Diagnosis</i>	Admission		
<i>Trauma:</i>	Unknown		
<i>General Medical Condition Summary Code:</i>	UnknownNotReported		
<i>Substance Abuse Dependence:</i>	Yes		
<i>Substance Abuse Dependence Diagnosis:</i>	F10.120		
<i>DiagnosisCodeEntryRowID:</i>	This should be the same value returned in the output of <i>CreateClientDiagnosis</i> for Primary Diagnosis		
<i>Diagnosing Staff NPI:</i>	Practitioner NPI entered in <i>CreateClientDiagnosis</i> for Primary Diagnosis		
<i>Diagnosis Status:</i>	Active		
<i>Diagnosis Ranking:</i>	Primary		
<i>Diagnosis Billing Order:</i>	1		
<i>ICD 10 Code:</i>	F03.91		
<i>DiagnosisCodeEntryRowID:</i>	This should be the same value returned in the output of <i>CreateClientDiagnosis</i> for Secondary Diagnosis		
<i>Diagnosing Staff NPI:</i>	Practitioner NPI entered in <i>CreateClientDiagnosis</i> for Secondary Diagnosis		
<i>Diagnosis Status:</i>	Active		
<i>Diagnosis Ranking:</i>	Secondary		
<i>Diagnosis Billing Order:</i>	2		
<i>ICD 10 Code:</i>	F01.50		
<i>DiagnosisCodeEntryRowID:</i>	This should be the same value returned in the output of <i>CreateClientDiagnosis</i> for Tertiary Diagnosis		
<i>Diagnosing Staff NPI:</i>	Practitioner NPI entered in <i>CreateClientDiagnosis</i> for Tertiary Diagnosis		

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Diagnosis Status:	Working		
Diagnosis Ranking:	Tertiary		
Diagnosis Billing Order:	3		
ICD 10 Code:	Z91.49		

Step # 18:		
Operation: UpdateClientDiagnosis		
Scenario Updating an existing diagnosis to correct errors. for the '24-Hour Admission'		
Input Data for Operation (To Be Completed by the LEs) (Update the Client's record with the values defined below in blue.)	Discrepancy Between Input Data and Avatar (DMH Use Only)	Pass/Fail (DMH Use Only)
Client ID: (Enter the Client ID returned in Step #2)		
Episode ID: 1		
Program Of Admission: Enter your Program of Admission code for '24 Hour Admission'		
DiagnosisUniqueID: Enter the DiagnosisUniqueID returned in CreateClientDiagnosis		
Type of Diagnosis: Admission		
Trauma: No		
General Medical Condition Summary Code: HeartDis		
Substance Abuse / Dependence: Yes		
Substance Abuse / Dependence Diagnosis: F18.94		
Diagnosis Code Entry Row ID: Enter the DiagnosisCodeEntryRowID returned for Primary diagnosis in CreateClientDiagnosis		
Diagnosing Staff NPI: _____		
Diagnosis Billing Order: 1		
Diagnosis Status: DiagnosisStatusType		
Status: Active		
Diagnosis Ranking: DiagnosisRankingPrimaryType		
Ranking: Primary		
ICD10Code: F03.90		
Diagnosis Code Entry Row ID: Enter the DiagnosisCodeEntryRowID returned for Secondary diagnosis in CreateClientDiagnosis		
Diagnosing Staff NPI: _____		
Diagnosis Billing Order: 2		
Diagnosis Status: DiagnosisStatusType		
Status: Working		
Diagnosis Ranking: DiagnosisRankingNonPrimaryType		
Ranking: Secondary		
ICD10Code: F04		
<p>(Items in Red Font To Be Completed by the LEs)</p> <p>Operation: UpdateClientDiagnosis</p> <p>IBHIS Acknowledgement: "Client Diagnosis web service has been filed successfully."</p> <p>IBHIS Client ID:</p> <p>IBHIS DiagnosisUniqueID:</p> <p>IBHIS DiagnosisCodeEntryRowID:</p> <p>IBHIS DiagnosisStatus: Active</p> <p>IBHIS DiagnosisRanking: Primary</p> <p>IBHIS ICD10Code: F03.90</p> <p>IBHIS DiagnosisCodeEntryRowID:</p>		

Client Services Certification Process – Scenario #01B

IBHIS DiagnosisStatus: Working
IBHIS DiagnosisRanking: Secondary
IBHIS ICD10Code: F04
IBHIS DiagnosisCodeEntryRowID:
IBHIS DiagnosisStatus: Working
IBHIS DiagnosisRanking: Tertiary
IBHIS ICD10Code: Z91.49

Step # 19:

Operation: *GetClientDiagnosis*

Scenario: Verifying diagnosis submissions. for '24-Hour Admission'

Input Data Element	Value to be entered		
<i>Client ID:</i>	(Enter the Client ID returned in Step # 2)		
<i>Episode ID:</i>	1		
<i>Program Of Admission:</i>	Enter your Program of Admission code for '24 Hour Admission'		
Output Data Element	Expected Values	Enter any Discrepancy	Comment for Discrepancy (DMH Use Only)
<i>Client ID:</i>	Client ID entered in Step #2		
<i>Episode ID:</i>	1		
<i>Episode Program ID:</i>	Contract Provider's Program ID		
<i>Diagnosis Unique ID:</i>	This should be the same value returned in the output of UpdateClientDiagnosis		
<i>Date of Diagnosis:</i>	2014-03-01		
<i>Type of Diagnosis</i>	Admission		
<i>Trauma:</i>	No		
<i>General Medical Condition Summary Code:</i>	HeartDis		
<i>Substance Abuse Dependence:</i>	Yes		
<i>Substance Abuse Dependence Diagnosis:</i>	F18.94		
<i>DiagnosisCodeEntryRowID:</i>	This should be the same value returned in the output of UpdateClientDiagnosis for Primary Diagnosis		
<i>Diagnosing Staff NPI:</i>	Practitioner NPI entered in UpdateClientDiagnosis for Primary Diagnosis		
<i>Diagnosis Status:</i>	Active		
<i>Diagnosis Ranking:</i>	Primary		
<i>Diagnosis Billing Order:</i>	1		
<i>ICD 10 Code:</i>	F03.90		
<i>DiagnosisCodeEntryRowID:</i>	This should be the same value returned in the output of UpdateClientDiagnosis for Secondary Diagnosis		
<i>Diagnosing Staff NPI:</i>	Practitioner NPI entered in UpdateClientDiagnosis for Secondary Diagnosis		

Client Services Certification Process – Scenario #01B

Step # 19: CONTINUED...			
Output Data Element	Expected Values	Enter any Discrepancy	Comment for Discrepancy (DMH Use Only)
<i>Diagnosis Status:</i>	Working		
<i>Diagnosis Ranking:</i>	Secondary		
<i>Diagnosis Billing Order:</i>	2		
<i>ICD 10 Code:</i>	F03.90		
<i>DiagnosisCodeEntryRowID:</i>	<i>This should be the same value returned in the output of UpdateClientDiagnosis for Tertiary Diagnosis</i>		
<i>Diagnosing Staff NPI:</i>	<i>Practitioner NPI entered in UpdateClientDiagnosis for Tertiary Diagnosis</i>		
<i>Diagnosis Status:</i>	Working		
<i>Diagnosis Ranking:</i>	Tertiary		
<i>Diagnosis Billing Order:</i>	3		
<i>ICD 10 Code:</i>	Z91.49		

Client Services Certification Process – Scenario #01B

Step # 20:

Operation: *CreateClientPregnancy*

Scenario: Creating a Pregnancy record for 24 Hour Admission

Note: This scenario only applies to Trading Partners which render services to female clients.

Input Data for Operation (To Be Completed by the LEs)	Discrepancy Between Input Data and Avatar (DMH Use Only)	Pass/Fail (DMH Use Only)
Client ID: (Enter the Client ID returned in Step #2) _____		
Episode ID: 1		
Program Of Admission: Enter your Program of Admission code for '24 Hour Admission'		
Pregnancy Start Date: 2013-09-01		
Pregnancy End Date: (Leave blank)		
(Items in Red Font To Be Completed by the LEs) Operation: <i>CreateClientPregnancy</i> IBHIS Acknowledgement: "Client Pregnancy web service has been filed successfully." IBHIS Client ID: IBHIS ClientPregnancyUniqueID:		

Step # 21:

Operation: *GetClientPregnancyDetails*

Scenario : Verifying Pregnancy submissions for 24 Hour Admission

Note: This scenario only applies to Trading Partners which render services to female clients.

Input Data Element	Value to be entered		
Client ID:	Enter the Client ID returned in Step # 2		
Episode ID:	1		
Output Data Element	Expected Values	Enter any Discrepancy	Comment for Discrepancy (DMH Use Only)
Client ID:	Should be the same as Client ID entered above		
Pregnancy Start Date:	2013-09-01		
Pregnancy End Date:	This data attribute will not be returned since it was left blank in the CreateClientPregnancy.		
Client Pregnancy Unique ID:	Should be the same ID returned in the output of CreateClientPregnancy.		

Client Services Certification Process – Scenario #01B

Step # 22: Operation: <i>UpdateClientPregnancy</i> Scenario: Updating an existing Pregnancy entry for 24 Hour Admission Note: This scenario only applies to Trading Partners which render services to female clients.		
Input Data for Operation (To Be Completed by the LEs) <i>(Update the Client's record with the values defined below in blue.)</i>	Discrepancy Between Input Data and Avatar (DMH Use Only)	Pass/Fail (DMH Use Only)
Client ID: (Enter the Client ID returned in Step # 2) _____		
Episode ID: 1		
Program Of Admission: <i>Enter your Program of Admission code for '24 Hour Admission'</i>		
Pregnancy Start Date: 2013-09-01		
Pregnancy End Date: 2014-06-01		
Client Pregnancy Unique ID: (Enter the ClientPregnancyUniqueID returned in the output of CreateClientPregnancy.) _____		
(Items in Red Font To Be Completed by the LEs) Operation: <i>UpdateClientPregnancy</i> IBHIS Acknowledgement: "Client Pregnancy web service has been filed successfully." IBHIS Client ID: IBHIS ClientPregnancyUniqueID:		

Step # 23: Operation: <i>GetClientPregnancyDetails</i> Scenario: Verifying Pregnancy submissions for 24 Hour Admission Note: This scenario only applies to Trading Partners which render services to female clients.			
Input Data Element	Value to be entered		
Client ID:	Enter the Client ID returned in Step # 2		
Episode ID:	1		
Program Of Admission:	Enter your Program of Admission code for '24 Hour Admission'		
Output Data Element	Expected Values	Enter any Discrepancy	Comment for Discrepancy (DMH Use Only)
Client ID:	Should be the same as Client ID entered above.		
Pregnancy Start Date:	2013-09-01		
Pregnancy End Date:	2014-06-01		
Client Pregnancy Unique ID:	Should be the same ID returned in the output of UpdateClientPregnancy.		